REPORT OF THE
8TH PACIFIC HEADS OF HEALTH MEETING

(Virtual meeting, 22–23 July 2020)

Prepared by the Pacific Community, 2020

8th PACIFIC HEADS OF HEALTH (PHOH) MEETING
22–23 July 2020,

Virtual meeting hosted by the Pacific Community

Report of meeting

Opening

Welcome

1. PHOH Chair, Dr Merehau Mervin, Deputy Director, Ministry of Health, French Polynesia, welcomed participants to the 8th PHOH meeting, which was convened virtually with the objective of enabling Pacific Island countries and territories (PICTs) and partners to share information on the status and management of the COVID-19 crisis to date and to formulate recommendations to put before the Pacific Health Ministers Meeting (PHMM). The Chair acknowledged the work of all those who have contributed to managing the crisis and thanked WHO, SPC and development partners for their continued support.

Participants

2. PHOH was attended by representatives from: American Samoa, Australia, Cooks Islands, Commonwealth of the Northern Mariana Islands (CNMI), Federated States of Micronesia (FSM), Fiji, French Polynesia, Guam, Kiribati, Marshall Islands (RMI), Nauru, New Caledonia, New Zealand, Niue, Palau, Papua New Guinea (PNG), Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, United States of America, Vanuatu and Wallis and Futuna. Partner agencies represented included: the Asian Development Bank (ADB), Australian Department of Foreign Affairs and Trade (DFAT), New Zealand Ministry of Foreign Affairs and Trade (MFAT), Pacific Community (SPC), World Bank and World Health Organization (WHO). Observers came from the CDC Department of Health, Fiji National University (FNU), International Federation of Red Cross and Red Crescent Societies, Japan International Cooperation Agency – Fiji Office, Otago University, Pacific Island Health Officers' Association (PIHOA), Pacific Islands Forum Secretariat (PIFS), Royal Australasian College of Surgeons (RACS), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA) and the World Food Programme (WFP). (Annex A provides a list of participants.)

Remarks on behalf of the Secretariat and implementing partners

3. Dr Corinne Capuano, WHO Representative for the South Pacific and Director, Pacific Technical Support Division, welcomed participants on behalf of the Joint Secretariat (PIHOA, SPC and WHO), and noted the aim of the meeting was to take stock of work to date to address COVID-19 and share plans for continued responses to the emergency.

4. Pacific Island governments, front line workers and communities have worked hard to address the crisis. These efforts build on 15 years of preparation since the International Health Regulations (IHR) came into effect, with PICTs working with partners to fulfil IHR core capacities. To date, border closures, efforts to test, trace and isolate, and community engagement in action to prevent COVID-19 transmission have protected the population in most PICTs. However, the pandemic has had severe effects on all Pacific economies and on

people's lives and livelihoods, and there are also concerns about disruptions to the delivery of essential services.

5. Dr Capuano thanked development partners and implementing agencies for their strong collaboration in providing support to PICTs and reaffirmed the Joint Secretariat's commitment to working with PICTs through the Joint Incident Management Team (JIMT) on COVID-19 preparedness and response, and in support of other health priorities aligned to the Healthy Islands vision.

6. During the 13th PHMM in 2019, Tuvalu had offered to host the 14th PHMM and Tonga expressed interest in hosting the following meeting. However, given the COVID-19 situation, Tuvalu has had to withdraw its offer and Tonga has confirmed it cannot host the 14th PHMM in 2021. Therefore, French Polynesia had agreed to continue its role as Chair of PHMM and also to chair the 8th PHOH meeting.

COVID-19: A stocktake of work to date

Update from Pacific COVID-19 Joint Incident Management Team

7. Dr Angela Merianos, WHO, presented an update from the Pacific COVID-19 Joint Incident Management Team (JIMT), including action under Phase I and II of the Health Sector Support Plans, and briefly reviewed the current epidemiology of COVID-19, noting that the Pacific region is still in the low transmission phase, although there is community transmission in Guam and PNG.

8. The JIMT, established and led by WHO, comprises 20 humanitarian and development partners working in the Pacific region. The purpose of the JIMT Phase 1 response plan was to mitigate the risk of COVID-19 importation, support rapid identification, containment and management of imported cases in PICTs, and support **health system preparedness** for increased cases.

9. Phase 2 has focused on **containment** of outbreaks through slowing and stopping COVID-19 transmission and **mitigation** of the effects of an outbreak by reducing preventable morbidity and mortality as well as negative health, social and economic impacts, and facilitating early recovery.

10. Both phases have included consultations between the Regional Director for the WHO Western Pacific Region and Pacific HOH; technical forums; deployment of technical experts to PICTs; and preparation and dispatch of PPE and test equipment (GeneXpert cartridges), technical briefs, risk communication materials and operational checklists. Technical support has also been provided remotely.

11. The Phase II Health Sector Support Plan (Implementation) has five partners, supported by other JIMT partners. The main risks to implementation are funding gaps, travel restrictions and global supply chain challenges, with demand exceeding supply.

Pacific Humanitarian Pathway for COVID-19 (PHP-C)

12. Alifeleti Soakai, Pacific Islands Forum Secretariat (PIFS), described the formation and purpose of the PHP-C. A special meeting of Forum Foreign Ministers (7 April 2020) endorsed the establishment of PHP-C to provide a regional approach to facilitating movement of

medical supplies, technical experts and humanitarian assistance requested by Forum members during the current restrictions and border closures.

13. PHP-C has a Ministerial Action Group (Australia, Cook Islands, Fiji, Nauru, New Zealand, Marshall Islands, Tonga, Tuvalu, Vanuatu) supported by a regional taskforce that includes the JIMT and World Food Programme along with Pacific law enforcement, immigration, air transport and customs agencies.

14. Common regional protocols have been developed for deploying technical personnel; customs; immigration; repatriation; and clearances. The protocols were endorsed by Forum members on 9 July 2020.

Pacific Humanitarian Air Service

15. The World Food Programme, which operates the UN Humanitarian Air Service (UNHAS), has been working with PHP-C and JIMT to provide urgently needed cargo and passenger flights to PICTs during the pandemic. This service is free of charge to PICTS (subject to funding).

16. UNHAS is not intended to replace commercial air services. Cargo services are only provided to PICTs that have no viable commercial option and only to the main point of entry. Requests for the Pacific service must meet all three of the following criteria:
    - No feasible commercial means of delivery in the required timeframe
    - Cargo (medical/non-medical) is related to COVID-19 interventions
    - The request comes from an eligible humanitarian organisation, or Pacific government through the PHP-C.

Infection prevention control (IPC) and rational use of personal protective equipment (PPE)

17. Margaret Leong, SPC, said countries had identified IPC as a top priority in response to a JMIT training needs survey. IPC resources developed and disseminated to PICTs include Pacific-adapted information for health staff, e.g. sequences for donning and removing PPE; environmental cleaning and audit; and care of suspected, confirmed or deceased COVID-19 cases. Four webinars have been delivered on rational use of PPE and environmental cleaning for health facilities, and more are planned.

18. Global shortages of PPE have had impacts on health-care provider mortality in other regions. Rational use of PPE is essential to ensure supplies are available if PICT demand increases – risk assessment should be routine before donning PPE. Countries must also have a strong system for managing their PPE supplies.

19. Political will and leadership are needed to ensure
    - IPC visibility in countries.
    - establishment of a governance structure and national IPC guideline/policy
    - availability of resources (HR and supplies)
    - leadership support for implementation of IPC programmes at national and facility level
    - continued support with training and resources

Clinical services, laboratory and ICU support

20. Dr Berlin Kafoa, SPC, said a survey of 16 hospitals in 12 PICTs showed that ICU specialists and anaesthetists wanted more ventilators and training; more nursing staff; guidelines tailored to local settings; and well-equipped ICUs/HDUs with staff who are confident in using basic equipment. The survey results provided insight to country needs in preparing to care for critically ill patients, especially as cases cannot be referred offshore with COVID-19

restrictions in place.

21. SPC and development partners and stakeholders have provided a wide range of COVID-related clinical guidelines and webinars to PICT health workers. The webinars have proved to be a viable means of delivering continuous professional development (CPD).

22. PICT nurses were allocated 114 places in Surge Critical Care Training for Australian nurses. To date, approximately 50% have completed the training. They have also been allocated 32 places in the Postgraduate Certificate of Critical Care Nursing offered by the Australian College of Nursing. SPC, in collaboration with Pacific Heads of Nursing, is in the process of confirming candidates for enrolment. The training has been funded through DFAT Health Security and facilitated by SPC. Ms Alison McMillan, Australia's Chief Nursing and Midwifery Officer, who participated in the Pacific Heads of Nursing meeting in February 2020, was instrumental in enabling the placements.

23. A key lesson is that for online training to be successful, MOHs and development partners need to provide support, such as selection of the appropriate candidates for specialised training, and provision of internet access, allocated time, access to resources (computer, training room) and mentoring.

Laboratory services

24. Tebuka Toatu, SPC, presented a laboratory testing algorithm for COVID-19. Decisions to test are based on the country's COVID status and patients' travel history. Application of the algorithm is important to ensure rational use of testing resources.

25. Open RT-PCR is the gold standard for testing. It can also test for other diseases that currently require samples to be shipped overseas, e.g. arboviruses (dengue, chikungunya, zika) and leptospirosis. However, RT-PCR requires specific infrastructure and equipment with an average set-up time of three to six months. Funding support for PICTs is being provided by Australia, China, Korea, New Zealand, Taiwan and USA (CDC), with technical assistance from CDC, Victorian Infectious Diseases Reference Laboratory (VIDRL)/Doherty, PIHOA, SPC and WHO.

26. Before COVID-19, five PICTs had RT-PCR capacity (French Polynesia, Fiji, Guam, New Caledonia, PNG). Since then, Palau, Solomon Islands and Tonga have gained capacity, and set-up is underway in American Samoa, CNMI, Cook Islands, FSM, Kiribati, Nauru, RMI, Samoa, Tuvalu and Vanuatu.

27. JMIT will continue
    - building COVID-19 testing capacity in country using RT-PCR in addition to GeneXpert;
    - PCR training and webinars, supported by the VIDRL/ Doherty Institute;
    - assessing and validating additional testing platforms (a number of kits are available);
    - monitoring usage of GeneXpert cartridges, and RT-PCR.

Easing border restrictions, repatriation and quarantine

28. Jojo Merilles, SPC, reviewed the timeline for COVID-19 transmission and the critical window of opportunity for reducing spread.

29. People returning from COVID-19 affected countries including repatriated citizens, and contacts of COVID-19 cases, must be quarantined for 14 days in either a government-approved and supervised facility, or at home under self-quarantine. In either case, the

health of individuals in quarantine should be monitored and if they develop symptoms, they should be tested and isolated. People in quarantine cannot go to work, attend school or visit public places such as shops and cafes, nor can they receive visitors.[1]

30. JIMT recommends a three-step approach to countries considering opening their borders:
    1. **Assess country capacity and capability to detect and respond to COVID-19 cases**
    2. **Assess the risk of importation from the country the person is arriving from**
    3. **Assess community engagement.**

31. The *Checklist for modification of COVID-19 health and social measures* (released by JIMT on 11 May) provides an assessment guide.[2] The results of the assessment can be used as a basis for decisions on public health and social measures, e.g. whether to tighten or relax current measures.

32. A **matrix for border control actions** provides guidance on actions that the country of origin and country of destination should consider when opening borders. The matrix assigns countries to three classes: 1. no cases; 2. with cases detected at the border; and 3. with cases detected in the community. The level of risk, and measures that should be taken, depend on the status of the country, e.g. supervised quarantine is recommended if the border is being opened to a country with community transmission.

Discussion

Repatriation of Pacific Island citizens

33. **Tonga** – In collaboration with the Government of Fiji, Tonga arranged testing in Fiji for outgoing passengers to Tonga. New Zealand provided quarantine for some Tongans coming from China, as did Australia for Tongans coming from Africa. Tonga thanked these governments for their support and emphasised the need for countries to talk to their neighbours. Tonga has stranded patients in India undergoing medical treatment but is not allowing their repatriation currently. Has there been consideration of repatriating PICT people from high-risk areas, or perhaps coordinating their quarantine in one location?

34. PIFS noted that the repatriation protocols developed by the Forum with partners provide guidance to members. However, the onus is on the states involved. Members were invited to contact PIFS to discuss specific issues.

35. **Niue** – Since the end of March, there have been only fortnightly flights from New Zealand, restricted to 26 passengers who enter compulsory quarantine on arrival. Cabinet is looking at easing these restrictions. Niue has liaised with Polynesian HOH to share information and is also discussing how to bring back permanent residents who are not in New Zealand. Foreign Affairs is looking at establishing pathways to allow these people to quarantine in New Zealand or Australia.

36. **Kiribati** – Kiribati imposed border restrictions from the end of January 2020 (travellers had to complete a period of isolation before returning). The last international flight arrived in March and schools were closed. Kiribati is currently preparing for repatriation by

[1] Interim operational information for Pacific Island countries and areas – COVD-19 Contact Management (quarantine)

[2] Checklist for modification of COVID-19 Public Health and social measures

establishing isolation centres and testing capability. When these systems are in place, repatriation can begin.

37. **Australia** – Australia has been working with New Zealand on trans-Tasman travel arrangements, which may be extended to PICTs when safe. To date, Australia has repatriated 750 Pacific Island citizens and has a mechanism for considering transit/repatriation on a case-by case-basis.

38. **New Zealand** — Since March 2020, New Zealand has supported the repatriation of about 3000 Pacific Island citizens and is looking at repatriation of another 2000, including seasonal workers and students. Any decisions are also dependent on systems in PICTs for receiving repatriated people.

39. The Chair noted that PICTs may be interested in more information on Australia's and New Zealand's mechanisms for assisting repatriation.

Quality assurance

40. In response to a question from Dr May, Dean of FNU, about the quality assurance mechanisms in place for the supply of PPE and other initiatives, including whether the onus for QA is on countries receiving the assistance,
    - WHO responded that everything supplied by WHO is based on the procurement protocol developed following the Ebola crisis.
    - PHP-C has a QA process, but the onus is on the member state.
    - French Polynesia noted that PPE recently sent by the Jack Ma Foundation included documents of certification.
    - DFAT has distributed PPE and other equipment to PICTs. DFAT procurement follows WHO standards for all items.

PCR capability

41. Dr Josephine Herman, Cook Islands, asked about the timeline for PCR capability across the region, and stressed the need for coordination of the support provided to make sure no PICT is left behind. This is essential to easing border controls, which is a top priority for many PICTS given the economic impacts of COVID-19. Coordination of information across the region is also essential as countries open their borders (as French Polynesia did on 15 July). HOH has a role in coordination across the region on these issues.

Contact tracing

42. Dr Herman asked about the position of each PICT and how to access support for operationalising contact tracing, saying benchmarks are needed across the region.

43. The Chair noted that French Polynesia has systems in place to manage the risks of opening its border, including tracing and testing, and surveillance measures. The decision on opening the border required a balance between health and economic priorities.

44. WHO said the readiness assessment at the end of June showed contact tracing was an area that countries needed to work on and 12 countries still needed to improve their surveillance. Most countries are at an advanced stage of setting up RT-PCR machines. By the end of the year, RT-PCR will be possible in the majority of PICTS and JMIT is looking at providing support to individual PICTs. The WPR Regional Director is keen to establish an alternative to GeneXpert. WHO is looking at suppliers to avoid being tied to a single source of supply and is also considering location of RT-PCR machines outside main centres.

COVID-19: Looking ahead

Scaling up contact tracing and preparing for the first and second wave

45. Dr Akeem Ali, WHO Division of Pacific Technical Support, outlined JIMT's plans for further supporting countries, including on:
    - scaling up contact tracing and preparing for the first or second wave of COVID-19;
    - community engagement;
    - routine services including for non-communicable disease (NCD) and mental health;
    - vaccines and treatment.

46. Potential drivers of a new wave of cases include repatriation of citizens and reopening of borders. In addition to establishing and maintaining quarantine facilities for those entering the country, it is important for PICTs to consider health system capacity and readiness to test for and manage COVID cases.

47. Rapid case detection and contact tracing, combined with other basic public health measures, appear efficacious in preventing COVID-19 spread at the population level. Contact tracing can be quickly scaled up by training and deploying non-healthcare staff, especially people with experience in service industries (e.g. airline staff).

48. JMIT recommends
    - PICs test their public health response capacity through simulation exercises
    - Key staff review JIMT issued guidance and checklists on contact tracing, non-pharmaceutical interventions, quarantine and isolation for reference and adaptation (https://drive.google.com/drive/folders/1BVv2pb7r72emUl82Apt-770mSu-w7uel);
    - Key staff attend webinars organised by the Epidemiology and Surveillance Cell for PICTs;
    - Expand capacity to undertake contact tracing and surveillance, and support community engagement;
    - Monitor the performance of contact tracing activities;
    - Request tailored technical support from JIMT as required.

Risk communication and community engagement (RCCE)

49. The community must accept and comply with public health measures as the 'new normal', including personal protective measures, social distancing, limits on gatherings and possible school and business closures. Considerable effort is needed to get buy-in from the community. Compliance requires a fundamental shift in behaviour, with communities having a base of knowledge on which to make decisions about protecting themselves and being empowered to identify and adopt localised measures.

50. JIMT advocates an RCCE approach that includes:
    - listening and data collection tools, e.g. KAP (knowledge, attitude and practices) surveys;
    - brief practical guidance on adaption measures for various sectors and environments;
    - Community Pandemic Planning tool – to help communities (especially remote ones) consider localised prevention and response measures and ensure continuity of essential services and goods, such as food and fuel.

Continuity of essential health services

51. Globally, health resources (staff, facilities, medicines, supply chains, etc.) are focused on COVID-19. This focus, and measures such as lockdowns, have disrupted the provision of

essential health services including for NCD and cancer diagnosis and treatment. The pandemic has added to existing unmet mental health needs and there has been an increase in family violence.

52. Countries risks losing long-term health gains and instead seeing increases in communicable diseases, NCD-related mortality and morbidity, unwanted pregnancies, and child morbidity/mortality including rheumatic heart disease.

53. JIMT recommends that PICTs:

    - prepare now, before an outbreak,
    - plan for Essential Health Service continuity,
    - stockpile key items e.g. medicines, noting supply issues,
    - agree on thresholds for a shift in service delivery,
    - monitor the impacts of COVID-19 response, and
    - utilize support from JIMT (Essential Health Service Delivery Cell).

54. HOH are invited to a seminar on 5 August 2020 on looking after essential services. A meeting for clinical staff will be held 10 August.

COVID-19 vaccines

55. COVAX FACILITY AND GAVI Advance Market Commitment (AMC): The focus is on procurement and then equitable supply of vaccines. The COVAX Facility is looking at procuring 2 billion doses of vaccine for distribution to countries in proportion to their population (to cover 20% of the population).

56. Governments are invited to join the COVAX Facility. Participating countries are assured that the Facility will supply them with enough vaccine doses to immunize 20% of their country's population.

57. The draft allocation framework for vaccines prioritises health care workers, high-risk adults, then further priority groups.

58. Vaccine issues for PICTs
    - Most PICs qualify for GAVI AMC support
    - Territories may have to make additional arrangements
    - Small tranches of vaccine based on proportionate distribution may be costly to distribute
    - Infrastructure and vaccine logistic requirements are not yet known
    - Economic recovery depends on open borders, which will be delayed without access to vaccines

59. JIMT is working hard to prepare for vaccine availability, including on advocacy, prioritisation and administration issues.

Discussion

60. **Cook Islands** – noted the delays experienced in receiving PPE and the potential for similar delays with vaccine supply and said public health measures need to be sustained if a vaccine is not expected till the end of 2021. Dr Herman asked WHO to provide a table of PICTs that qualify for GAVI-AMC support.

61. **Tonga** – acknowledged the need to maintain preparations for COVID-19 incursion, despite being free of cases so far. Referring to deportees, Dr 'Akau'ola noted that Australia is deporting people to New Zealand and asked whether the IHR protect countries from having to receive deportees during a pandemic.

62. **French Polynesia** – Dr Philippe Biarez said an on-the-ground survey of community-based knowledge and practices relating to COVID-19 was conducted see how behaviour needs to adapt. French Polynesia has put a roadmap in place for health promotion and proposed giving a 'Healthy Islands' award this year for promotion of action on COVID-19. A web-based system for health promotion in schools is also working well.

63. **WHO responses** – Dr Ali said it seems Cook Islands will be part of the GAVI self-financing group. GAVI will finalise the list at the end of July. As an SIS, Cook Islands may qualify for ODA (official development assistance) support.
    The timeline for availability of a vaccine is hard to define. It may also be wise to plan for the 'hardest to deliver vaccine' so systems are ready for contingencies. The prioritisation of groups for vaccination is initial at this stage.

64. In relation to deportees, Dr Merianos said Article 43 of the IHR does not preclude countries from additional measures when there is a clear and defined risk. There is a process for considering such measures, including risk assessment. WHO recommends that countries understand Article 43 and request clarification from WHO if necessary.

Pacific Emergency Medical Teams (EMT) for preparedness and response

65. Tonga was selected to chair EMTs in the Pacific this year. National EMTs are a critical component of health security in PICTs and a pillar of the IHR. In recent months, Pacific EMTs have supported national and regional responses to the measles outbreak (557 EMT personnel were deployed in Samoa), Tropical Cyclone Harold and COVID-19. With guidance from WHO, EMT coverage in the Pacific has expanded to now include:
    - an internationally verified team in Fiji – FEMAT
    - five established national teams: in Cook Islands, CNMI, Solomon Islands, Tonga and Vanuatu;
    - plans underway, with confirmed funding, for teams in French Polynesia, Kiribati, RMI, FSM, Palau, Samoa and Tuvalu.

66. Plans for Pacific EMT in 2020–2021 include support for
    - COVID-19 responses in PICTs;
    - development of national EMTs orientation workshops, team member training and simulation exercises;
    - planning/implementation of EMT Coordination Cell training in the Pacific;
    - establishment/operation of Health Emergency Operations Centres to strengthen coordination of health emergency responses.

67. Pacific EMTs need guidance from WHO and further support from EMTs in Australia and New Zealand.

Discussion

68. **Cook Islands** – Dr Herman said there was a small window of time to decide who will be the lead agency if a PICT gets into trouble with COVID-19, given the economic pressure to open

borders. What planning is underway?

69. **Tonga** – Dr 'Akau'ola said Tonga's EMT and Health and Nutrition and WASH cluster system has been activated to respond to COVID. In terms of governance, the EMT fits well with the cluster system.

COVID-19 implications for Health Financing in PICTs

70. Susan Ivatts, World Bank, said COVID-19 is expected to have substantial economic and health impacts, even in countries with no reported infections. PHOH must therefore take strategic action to protect population health and essential services. Lessons from COVID-19 can be used to inform re-prioritization and re-allocation of resources, including a focus on strengthening systems for delivering essential services for universal health coverage. Putting these strategies in place will also give countries a stronger foundation for responding to future threats to economic and health security, which are predicted to become more frequent and severe.

71. **Questions for HOH to consider**:[3]

- What is your ministry doing to improve governance, and accountability for the use of the resources received? Do you have transparent, timely and quality information on all resources available to your ministry to make decisions about (re)prioritization and (re)allocation?

- What is your ministry doing to improve value for money in health (e.g. use of telehealth; more efficient procurement)?

- Is your country taking a whole-of-government approach to prepare, coordinate and respond to the combined health and economic threats posed by COVID-19, and is the MOH taking an active role in this planning?

- Is your ministry actively using health and finance information to inform your decision-making and discussions with government and development partners?

- Does your ministry have an updated IPC Plan and how is its implementation monitored?

- How well is your supply chain for pharmaceuticals and medical supplies working and what improvements are planned? (COVID-19 has highlighted many concerns with supply chain management)

- Do you have the essential in-country diagnostic services needed if your border, or other countries' borders, are shut?

- How is your ministry working with finance and others to examine options to mobilise domestic revenue, including via pro-health taxes, to improve the sustainability of financing government spending?

72. These issues should be addressed now before economic circumstances force changes on health systems. Development partners also have a role providing clear information and

[3] Paragraph 11 of paper 5.4 expands on these questions.

delivering requested support in a timely way.

Effects of COVID-19 on PICT economies

73. A deep contraction of PICT economies is projected (average – 5.7 %), along with increases in unemployment and poverty and a decline in remittances. There may be a bounce back in 2021 but this is uncertain. Effects will be diverse across PICTs, depending on the stringency of lockdowns and vulnerability to downturns in tourism and commodity exports. Some PICTs also have high debt ratios. Globally, almost 20% of countries will have negative growth.

74. PICT health systems rely on public financing from both external sources and government, with little contribution from out-of-pocket spending. The impacts of the pandemic on health spending will depend not only on economic growth, but also on the ability of countries to implement counter-cyclical fiscal and monetary policies and make changes in health priorities.

75. In addition to decreases in PICT GDP, tax and non-tax government revenue is also expected to decline. Grant financing is expected to stay roughly the same as a share of GDP but not to increase.

76. There has been increased borrowing in PICTs to make up for loss of revenue, but this will not be enough to offset falls in GDP and will also raise public debt levels to around 30% of GDP. In some cases, borrowing may exceed the IMF danger threshold as a percentage of GDP.

77. To date, the pandemic has been more of an economic shock than a health shock for PICTs. There is an opportunity for MOHs to take the initiative to look at:
    - how well the health system is working and what changes can be made to increase spending efficiency and avoid wastage;
    - obtaining and using up-to-date information to maintain and increase the allocation for health during the budget process;
    - re-prioritising based on lessons from COVID-19, such as improved infection control.

Discussion

78. **USA** – Stephanie Reed (US Embassy, Suva) informed HOH that the Asia Pacific Network for Health Systems Strengthening (ANHSS) is considering implementing its course on strengthening health systems and sustainable financing in the Pacific in coming months and asked for feedback. ANHSS partners include the World Bank Group, DFAT and USAID (www.anhss.org/clusters/flagship)

73rd Session of the World Health Assembly

79. Dr Capuano said the 73rd Session of the WHA met virtually (18–19 May) with a reduced agenda and will reconvene later in the year. She outlined the 'written silence' procedure for adoption of WHA proposals (https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73(7)-en.pdf).

80. **RCM 71** (Regional Committee for the Western Pacific) will also be held virtually (5–9 October 2021) with a reduced agenda. Japan will host the meeting.

Next meetings of PHOH and PHMM

81. Dr Paula Vivili (SPC) put forward a proposal to hold short virtual PHOH meetings (2 hours) monthly to discuss important issues, with the frequency of meetings to be periodically

assessed and agreed on by HOH.

Comments

82. **Cook Islands** preferred monthly virtual meetings because of the importance of ensuring all countries are up to date on the many fronts required to protect their populations.

83. **Tuvalu** preferred two-monthly meetings.

Next Pacific Ministers of Health Meeting 2021

84. The Chair said French Polynesia wishes to identify the preferred option for the next PHMM. Its MOH will shortly contact all PICT MOH with the following options:
    1. Postpone the meeting to 2022;
    2. Hold a virtual meeting in 2021;
    3. A country can offer to organise the meeting in 2021, noting that Tuvalu and Tonga could postpone their chairing of PHMM.

Other Business

Asia Pacific Observatory on Health Systems and Policies

85. DFAT noted that Australia is a board member of the APO, which conducts research on health systems and promotes evidence-informed health system policy. There is an opportunity for a Pacific country to take up a seat on the board after the completion of Fiji's term. Those interested should contact the APO. The details are in Paper 6.1 (https://phd.spc.int/sites/default/files/eventfiles/2020-07/2020%20PHoH%20Item%206.1%20Asia%20Pacific%20Observatory.pdf).

Draft Outcomes – PHOH July 2020

Pacific Heads of Health:

i. acknowledged the strong collaboration between development partners and implementing agencies in supporting PICT responses to COVID-19 through the Joint Incident Management Team (JIMT) and requested that these efforts be sustained;

ii. requested
- coordination of COVID-19-related technical assistance to PICTs, such as provision of support for testing (including RT-PCR) and contact tracing, to ensure no PICT is left behind; and
- coordination of information across the region to ensure PICTs can make informed decisions on issues such as easing border controls, repatriation, quarantine parameters, etc.

iii. expressed appreciation for the guidance and checklists developed by the JIMT and partner agencies, and the online training available in both public health and clinical areas, and requested that MOH enable relevant staff to participate, including by providing them with dedicated time and technology;

iv. recognised the risk of countries losing long-term health gains due to the focus on COVID-19, such as increases in communicable diseases, NCD-related mortality and morbidity, unwanted pregnancies, and child morbidity/mortality, and agreed on the need to plan for continuity of essential health services, including by utilising the support available from JIMT through the Essential Health Service Delivery Cell;

v. noted the preliminary plans of the COVAX FACILITY and GAVI Advance Market Commitment for procurement and equitable distribution of a COVID-19 vaccine, and priority groups for vaccination;

vi. requested information on the status of individual PICTs and the steps they need to take in relation to membership of the COVAX FACILITY and GAVI, and technical support for in-country preparations for a vaccine;

vii. acknowledged the further development of Pacific EMTs (one international team (Fiji) and five national teams established with plans for seven more) and requested continued guidance from WHO and support from EMTs in Australia and New Zealand;

viii. recognised the need to identify in advance the lead agency that will act in the event of a COVID-19 outbreak in a PICT/s, given the economic pressure to open borders;

ix. recognised the potential effects of the contraction of PICT economies on health budgets and agreed on the need for increased efficiency in using resources,

including through reducing wastage and re-prioritising based on lessons from COVID-19, such as improved infection control;

x. recognised the opportunity to characterise health as a key contributor to economic well-being, in both internal budget processes and requests to development partners, including using improved collection and analysis of health data to provide evidence for funding;

xi. noted that in light of the effects of the COVID-19 crisis, Tuvalu will no longer be able to host the 14th Pacific Health Ministers Meeting in 2021 and that French Polynesia has agreed to continue as Chair of the Pacific Health Ministers Meeting (PHMM) in the interim;

xii. noted that French Polynesia wishes to identify the preferred option for the next PHMM and that its MOH will shortly contact all PICTs with the following options:
1. Postpone the meeting to 2022.
2. Hold a virtual meeting in 2021.
3. A country can offer to organise the meeting in 2021, noting that Tuvalu and Tonga could postpone their chairing of PHMM.

xiii. agreed to hold short virtual PHOH meetings (2 hours) monthly to discuss important issues, with the timing and frequency of meetings to be decided in further consultation with PHOH and periodically assessed;

xiv. noted that the 73rd Session of the WHA met virtually (18–19 May) with a reduced agenda and will reconvene later in the year, and further noted the 'written silence' procedure for adoption of WHA proposals;

xv. noted that RCM 71 (Regional Committee for the Western Pacific) will also be held virtually (5–9 October 2021) with a reduced agenda, with Japan to host the meeting;

xvi. noted the invitation for a Pacific country to take up a seat on the board of the Asia Pacific Observatory on Health Systems and Policies after the completion of Fiji's term and the request that interested countries should contact the APO;

xvii. noted that the Asia Pacific Network for Health Systems Strengthening (ANHSS) has requested feedback on the possible implementation of its course on strengthening health systems and sustainable financing in the Pacific in coming months (www.anhss.org/clusters/flagship).

List of Participants

PICTs

1.	Merehau Mervin	French Polynesia
2.	Siale ‘Akau’ola	Tonga
3.	Lisiate ‘Ulufonua	Tonga
4.	Paolo Kraushaar	Australia
5.	Frances Rice	Australia
6.	Christine Lifuna	
7.	Josephine Herman	Cook Islands
8.	Esther Muna	CNMI
9.	Eretii Timeon	Kiribati
10.	Martin Buet	Ministry of Health, NZ
11.	Ministry of Health and Medical Services	Nauru
12.	Dr Take Naseri	Samoa
13.	Ministry of Health	Samoa
14.	Skerisia	
15.	Dr Kepa	Tuvalu
16.	Nikolasi Apinelu	Tuvalu
17.	Dr Katalina Filipo	Tuvalu
18.	Dept of Health	Federated States of Micronesia
19.	Gaylene Tasmania	Niue
20.	Aileen Tareeg	FSM-Yap

Partners

21.	Maude Ruest	WB
22.	Ataur Rahman	UNICEF
23.	DFAT Canberra	Australia
24.	DFAT Suva	Suva
25.	Keiko Nagai	JICA
26.	University of Otago	NZ
27.	Alfred Soakai	PIFS
28.	Emi Chutaro	PIHOA
29.	Jennifer Butler	UNFPA
30.	Pulane Tlebere	UNFPA
31.	Sheldon Yett	UNICEF
32.	Vathinee Jitijaturunt	UNICEF
33.	Wendy Erasmus	UNICEF
34.	Kendra Chittenden	USAID
35.	Lizette Durand	USA
36.	Stephanie Reed	USA
37.	Thane Hancock	CDC
38.	Wayne Irava	WB
39.	Susan Ivatts	WB
40.	William May	FNU
41.	Dewindra Widiamurti	IFRC
42.	Donald Wilson	FNU
43.	Lucy Mize	USAID
44.	Ministry of Health	NZ

45. Kelvin Lam — ADB
46. Natalia Hepp — RACS
47. Timaima Tuiketlei — FNU

Secretariat; SPC

48. Paula Vivili
49. Silina Motufaga
50. Ilisapeci Kubuabola
51. Lodovico Albanese
52. Sunia Soakai
53. Stephanie Sefeti
54. Endar Sigh
55. Evlyn Mani
56. Jean Noel Royer
57. Joceleyn Flores Cabarles
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59. Odille Rolland
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61. Shakti Goundar
62. Si Thu Win Tin
63. Tebuka
64. Angela Templeton
65. Berlin Kafoa
66. Beryl Fulilagi
67. Audrey Aumua
68. Elise Benyon
69. Vijesh Lal
70. William
71. Patrick Freelance
72. Elisiva Na'ati
73. Christelle Lepers

Secretariat; WHO

74. Akeem Ali
75. Wendy Snowden
76. Angela Merianos
77. Corinne Capuano
78. Asaeli Raikabakaba
79. Changgyo Yoon

Others:

80. Presenter SfB Broadcast main conference
81. Main conference, interpreter
82. Main conference, interpreter
83. Zoom conference room

PHoH Participants, 23/07/2020

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12.	Dr Take Naseri	Samoa
13.	Ministry of Health	Samoa
14.	Skerisia	
15.	Dr Taniela Kepa	Tuvalu
16.	Nikolasi Apinelu	Tuvalu
17.	Dr Katalina Filipo	Tuvalu
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20.	Edgar Akauola	Niue

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70. William Kunai
71. Patrick
72. Elisiva Na'ati
73. Christelle Lepers
74. Eka Buadromo
75. Mabel Taoi
76. Mary Driver

Secretariat; WHO

77. Yuta Setoya WHO Tonga
78. Akeem Ali
79. Wendy Snowden
80. Angela Merianos
81. Corinne Capuano
82. Nasir Hassan
83. Asaeli Raikabakaba
84. Changgyo Yoon

Others:

85. Presenter SfB Broadcast main conference
86. Main conference, interpreter

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